

Evidence-based Synthesis Program (ESP)

Family Involved Psychosocial Treatments For Adults
with Dementia and Cancer

A Review of the Evidence

Joan M. Griffin, PhD

Core Investigator

Center for Chronic Disease Outcomes Research
Minneapolis VA Healthcare System

November 14, 2013

Evidence-based Synthesis Program (ESP)

Acknowledgements

Co-Authors

- Laura Meis, PhD
- Nancy Greer, PhD
- Agnes C. Jensen, BS
- Roderick MacDonald, MS
- Maureen Carlyle, MPH
- Indulis Rutks, BS
- Timothy J. Wilt, MD, MPH

Expert Panel/Reviewers

- Sonja Batten, PhD
- Linda Nichols, PhD
- Mark Kunik, MD, MPH
- Meg Kabat, MSW
- Maria Silveira, MD, MPH
- Shelley MacDermid Wadsworth, PhD
- Connie Uphold, PhD

Evidence-based Synthesis Program (ESP)

Disclosure

This report is based on research conducted by the Evidence-based Synthesis Program (ESP) Center located at the Minneapolis VA Healthcare System, Minneapolis, Minnesota, funded by the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Quality Enhancement Research Initiative. The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. No investigators have any affiliations or financial involvement (e.g., employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.

Evidence-based Synthesis Program (ESP)

VA Evidence-based Synthesis (ESP) Program Overview

- Sponsored by VA Office of Research & Development, Quality Enhancement Research Initiative (QUERI).
- Established to provide timely and accurate syntheses/reviews of healthcare topics identified by VA clinicians, managers and policy-makers, as they work to improve the health and healthcare of Veterans.
- Builds on staff and expertise already in place at the Evidence-based Practice Centers (EPC) designated by AHRQ. Four of these EPCs are also ESP Centers:
 - Durham VA Medical Center; VA Greater Los Angeles Health Care System; Portland VA Medical Center; and Minneapolis VA Medical Center.

Evidence-based Synthesis Program (ESP)

- Provides evidence syntheses on important clinical practice topics relevant to Veterans, and these reports help:
 - develop clinical policies informed by evidence,
 - the implementation of effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures, and
 - guide the direction for future research to address gaps in clinical knowledge.
- Broad topic nomination process – e.g. VACO, VISNs, field – facilitated by ESP Coordinating Center (Portland) through online process:

<http://www.hsrd.research.va.gov/publications/esp/TopicNomination.cfm>

Poll Question #1

What is your position in the VA?

1. Student, trainee, or fellow
2. Clinician
3. Researcher
4. Manager or other policy maker
5. Other

Poll Question #2

What is your primary role in your position? (Feel free to choose multiple categories).

1. I provide care/support Veteran's families.
2. I provide care to Veterans with cancer.
3. I provide care to Veterans with dementia/Alzheimer's Disease.
4. I am a researcher with interests in cancer.
5. I am a researcher with interests in dementia.
6. I am a researcher with interests in caregiving.
7. I am a caregiver, caring for a Veteran.
8. I develop caregiving or family-focused support programs.
9. I manage caregiver programs.

Family Involved Psychosocial Treatments

Overview

1. Need for Review
2. Key Questions
3. Search Strategy
4. Analyses and Approach
5. Results
 - Describe RCTs Broadly
 - Address Key Question 1 by Condition
 - Address Key Question 2 by Condition
6. Summarize
7. Limitations
8. Future Research

Family Involved Psychosocial Treatments

Rationale

- Shifts in VA Care

- Greater emphasis on including families
- Expanding VA authority to provide family services

- Need to Identify

- Efficacious and promising family interventions
- Which family interventions are superior to alternative approaches (individually-oriented or family-oriented)
- Which physical and mental health conditions most benefit from these interventions

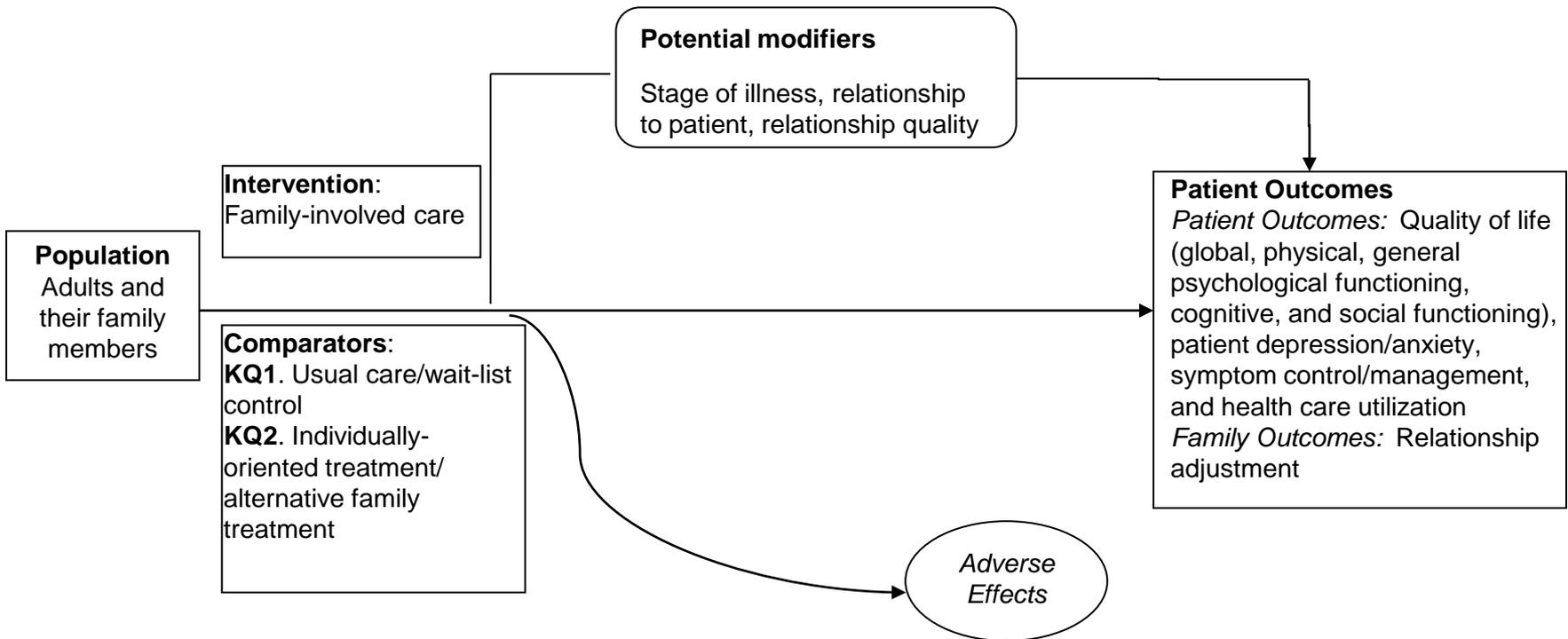
Key Question 1

- ◆ What are the benefits/harms of family and caregiver psychosocial interventions for adult patients with cancer or memory related disorders compared to usual care or wait list?
 - ◆ 18 cancer trials
 - ◆ 19 memory-related disorders

Key Question 2

- ◆ What are the benefits/harms of family and caregiver psychosocial interventions for adult patients with cancer or memory related disorders compared to either:
 - ◆ 13 Cancer trials
 - ◆ 14 Memory-related trials

Analytic Framework with Patient (vs. Caregiver) Focused Outcomes



Search Strategy

- Literature Search:
 - MEDLINE and PsycINFO
 - Search terms included:
 - family, couples, home nursing, caregivers, legal guardians, grandparents OR
 - couple therapy, family therapy, and marital therapy

Search Strategy:

Inclusion Criteria

- 1996 to Dec 2012
- English
- RCT/RCT review
- Family-involved psychosocial treatment
- Physical health condition (cancer or memory-related condition)
- Included one of the following outcomes:
 - Physical functioning
 - Cognitive functioning
 - General psychological functioning
 - Overall quality of life
 - Depression/anxiety
 - Symptom management/control
 - Institutionalization/Health care utilization

Analyses

Data extracted:

- Condition (type and severity)
- Intervention type (multi-component, single component)
- Study sample characteristics
- Inclusion/exclusion criteria
- Comparator(s)
- Length of follow up
- Outcomes (assessed and data)
- Harms

Analyses

Categorization of interventions:

- Telephone or web-based counseling (provided separately for family and patients)
- Behavioral couples therapy/adaptations of cognitive behavior therapy
- Training for family members to control patient's symptoms
- Training for family members to control patient's symptoms AND family support or counseling
- Unique interventions with unique intervention targets

Analyses

For all interventions, we rated their efficacy, strength of evidence, and quality of each RCT

Efficacy

1. Efficacious and specific: superior in at least 2 RCTs conducted by independent research teams compared to an alternative intervention
2. Efficacious: superior in at least 2 RCTs conducted by independent research teams compared to usual care/waitlist
3. Possibly efficacious and specific: criteria from (1) are met by a 1 study
4. Possibly efficacious: criteria from (2) are met by a 1 study

Analyses

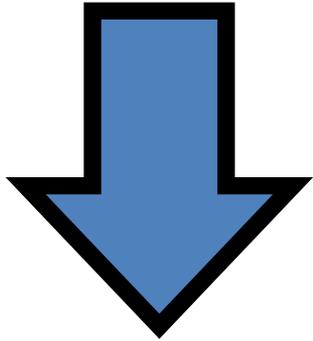
Study Quality (good, fair, poor)

1. Allocation concealment, blinding, intention-to-treat analysis, reporting of withdrawals/drop-outs (Higgins, 2011)
2. Treatment integrity: Stated protocol, fidelity to protocol

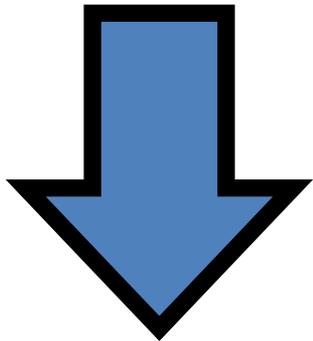
Strength of Evidence (low, moderate, high):

1. Confidence that the evidence reflects true effect and additional research is unlikely to change estimate of the effect (Owens, 2010)

Literature Search Results



Screening: 2,771 abstracts reviewed (excluded 1,990); 781 full text articles reviewed



Full Text Review: 781 articles (excluded 736); hand search/author correspondence added 14

Included: 59 articles

56 unique RCTs

Overview of RCTs

Health Condition	Unique Trials	Trials with Veterans
Cancer	27	1
Dementia/Alzheimer's Disease	29	3
Total	56	4

NR = not reported

Results-Cancer

Table 1. Cancer - Summary of Baseline Characteristics (27 trials)

<u>Characteristics</u>	<u>Number/mean (range)</u>	<u>Number of trials reporting</u>
Total number of patient/family dyads randomized	4195 (12-476)	27
Total number of patients from dyads analyzed	3345 (10-441)	26
Manualized/protocol based intervention	Yes	23
	Not reported	4
Family intervention with:	Wife/female intimate partner	3
	Husband/male intimate partner	1
	Husband/wife or male/female intimate partner	7
	Any identified family member	16
Family intervention compared to (4 studies had usual care and active control arms)	Wait list	1
	Usual care	17
	Individual treatment	2
	Other family treatment(s)	11

Results-Cancer

Table 1. Cancer - Summary of Baseline Characteristics (27 trials)		
<u>Characteristics</u>	<u>Number/mean (range)</u>	<u>Number of trials reporting</u>
Age of patients, years	60 (46-71)	26
Age of family members, years	56 (49-62)	21
Participant marital status, % married	80 (49-100)	19
Patient gender, % male	51 (0-100)	26
Family member gender, % female	61 (0-100)	18
Race, % non-white patients	21 (2-100)	21
Stage of cancer diagnosis*	Early (stage 0-1)	16
	Mid (stage 2-3)	16
	Late (stage 4-5)	10
	End of life	3

*Groups are not mutually exclusive.

Key Question 1 Results-Cancer

Intervention compared to usual care/waitlist

18 cancer trials

5/18 showed a significant difference in outcome

Included patients with:

- Prostate cancer (n=6)

- Women with breast cancer (n=5)

- Men or women with any type of cancer (n=7)

Compared family-involved interventions to:

- Usual care (n=17)

- Wait list (n=1)

Quality

- Poor (n=3)

- Fair quality (n=15)

Summary of results

- 5/18 trials showed any significant intervention effects.
- Of these, 3 showed significant effects across multiple outcomes.
- These 3 trials targeted patients with different cancers and used intervention strategies.
- Trials did not consistently improve any outcomes
- None of the studies reported on hospitalizations or institutionalization.
- Significant trials were “possibly efficacious” (1 study, not replicated).
- Significant effect sizes were typically small to moderate.
- Strength of evidence for intervention effectiveness was low for all outcomes, due to moderate risk of bias, imprecision of the effect size and poor methodological quality.
- Studies did not report that any patients were harmed.
- Two trials reported family outcomes were worse for those in the family/couple intervention conditions than in comparator conditions.

Key Question 1 Results-Cancer *Intervention compared to usual care/waitlist*

Symptom control/management:

- 11/18 trials assessed symptom control/management
- 4 showed significant improvements in symptom control
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Budin	Telephone Counseling	Usual care	fair	4
McCorkle	Family assisted approach to care	Usual care	poor	4
Nezu	Family assisted approach to care	Wait list	poor	4
McMillan	CBT (coping and problem solving)	Usual care	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results-Cancer *Intervention compared to usual care/waitlist*

General psychological functioning:

- 10/18 trials assessed psychological functioning (including distress, well-being)
- 2 showed significant improvements in psychological functioning.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Budin	TC	Usual care	fair	4
Nezu	Family assisted approach to care	Wait list	poor	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results-Cancer *Intervention compared to usual care/waitlist*

Depression/anxiety

- **9/18 trials assessed depression/anxiety.**
- **2 trials showed significant improvements.**
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Nezu	Family assisted approach to care	Wait list	poor	4
Kurtz	CBT (coping and problem solving)	Usual care	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results-Cancer *Intervention compared to usual care/waitlist*

Physical and social functioning

- 9/18 trials assessed physical functioning
- 5/18 trials assessed social functioning
- 1 trial (the same trial) showed significant improvements
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Kurtz	CBT (coping and problem solving)	Usual care	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 = Possibly Efficacious (1 study)

Global quality of life

- 6/18 assessed global quality of life
- None reported any intervention effect.

Relationship adjustment

- 5/18 assessed relationship adjustment.
- None reported any intervention effect.

Key Question 2 Results-Cancer

Intervention compared to another intervention

13 cancer trials

7/13 showed a significant difference in outcome

Included patients with:

Prostate cancer (n=4)

Breast cancer (n=2)

GI cancer (n=1)

Lung cancer (n=2)

Any type of cancer (n=4)

Compared family-involved interventions to:

Another family-involved intervention (usually psychoeducation) (n=11)

Patient-centered intervention (n=3)

Quality

Poor (n=2)

Fair (n=9)

Good (n=2)

Key Question 2 Results-Cancer

Intervention compared to another intervention

Summary

- 7/13 trials showed a significant intervention effect.
- Of these, 2 showed significant effects across multiple outcomes.
- Significant trials were “possibly efficacious and specific” (1 study, not replicated).
- Some individual trials did improve general psychological functioning, depression/anxiety, and symptom control/management, but findings were inconsistent across trials.
- Of the 3 trials that compared individual treatment to family or couple treatment, we found that the interventions were equally effective at improving outcomes at post-intervention
- The overall evidence was either low or insufficient to conclude that family-involved interventions were more effective than other active controls.
- The overall strength of evidence for the superiority of family-involved interventions compared to active controls was low.
- Studies did not report that any patients or caregivers were harmed.

Key Question 2 Results-Cancer

Intervention compared to another intervention

Symptom control/management:

- 10/13 trials assessed symptom control/management
- 3 showed significant improvements in symptom control (2 post-intervention; 1 at 6 month follow-up).
- Overall moderate risk of bias. Insufficient evidence to determine effect.

Author	Intervention	Comparator	Quality	Efficacy
Nezu	Family assisted approaches to patient care	Patient only intervention	poor	3
Gustafson	Unique	Education only	fair	3
Stephenson	Unique	Attention control	fair	3

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 = Possibly Efficacious (1 study)

Key Question 2 Results-Cancer

Intervention compared to another intervention

General psychological functioning:

- 7/13 trials assessed psychological functioning (including distress, well-being)
- 3 trials reported significant differences in psychological functioning.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Budin	TC	psychoeducation	fair	3
Nezu	Family assisted approaches to patient care	patient only intervention	poor	3
Mokuau	Unique	education	fair	3

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 Study); 4 = Possibly Efficacious (1 Study)

Key Question 2 Results-Cancer

Intervention compared to another intervention

Depression/anxiety

- **5/13 trials assessed depression/anxiety.**
- **2 trials showed significant improvements.**
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Badger 2007	TC	1) attention control 2) exercise	fair	3
Stephenson	Unique	Attention control	fair	3

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 = Possibly Efficacious (1 study)

Key Question 2 Results-Cancer

Intervention compared to another intervention

Relationship adjustment

- 3/13 assessed relationship adjustment.
- One reported an intervention effect.
- Overall moderate risk of bias. Insufficient evidence to determine effect.

Author	Intervention	Comparator	Quality	Efficacy
Porter	Couples CBT	Education/support	good	3

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 = Possibly Efficacious (1 study)

Key Question 2 Results-Cancer

Intervention compared to another intervention

Physical and social functioning

- 4/13 trials assessed physical functioning
- 2/13 trials assessed social functioning
- None of the interventions showed significant improvements over controls
- Overall moderate risk of bias. Insufficient evidence to determine effect.

Global quality of life

- 2/13 assessed global quality of life
- Neither reported any intervention effect.
- Overall high risk of bias. Insufficient evidence to determine effect.

Results-Memory Related Disorders

Table 1. Memory-related Disorders- Summary of Baseline Characteristics (29 trials)		
<u>Characteristics</u>	<u>Number/mean (range)</u>	<u>Number of trials reporting</u>
Total number of patient/family dyads randomized	4631	29
Total number of patients from dyads analyzed	4108	29
Manualized/protocol-based intervention	Yes	16
	Not reported	13
Family intervention exclusively with:	Wife/female intimate partner	0
	Husband/male intimate partner	0
	Husband/wife or male/female intimate partner	5
	Any identified family member	24
Family intervention compared to (4 studies had usual care and active control arms)	Wait list	6
	Usual care	13
	Individual treatment	1
	Other family treatment(s)	11

Results-Memory Related Disorders

Table 1. Memory-related Disorders - Summary of Baseline Characteristics (29 trials)		
<u>Characteristics</u>	<u>Number/mean (range)</u>	<u>Number of trials reporting</u>
Age of patients, years	78 (73-86)	26
Age of family members, years	65 (48-74)	26
Patient gender, % male	45 (11-65)	22
Family member gender, % female	73 (54-100)	26
Participant marital status, % married	80 (51-100)	9
Race, % non-white patients	19 (4-65)	16

Key Question 1 Results for Dementia-*Intervention* *compared to usual care/waitlist*

19 dementia trials

10/19 trials showed significant intervention effects.

Included patients with:

Dementia/Alzheimer's disease

Compared family-involved interventions to:

Usual care (n=13)

Wait list (n=6)

Sample sizes:

Range (47-406 dyads), median of 103/trial

Quality

Poor (n=8)

Fair (n=8)

Good (n=3)

Key Question 1 Results for Dementia- *Intervention compared to usual care/waitlist*

Summary of findings:

- Targeted interventions to groups of patients with specific symptoms (e.g., depression) may be more effective in managing and controlling symptoms and reducing depression than usual care.
- Unique interventions (exercise promotion, quality family visits, support groups) significantly improved symptoms and depression. Significant trials were “possibly efficacious” (1 study, not replicated).
- Magnitude of significant effect sizes were typically small to moderate.
- Overall strength of evidence for intervention effectiveness was low for all outcomes, due to moderate risk of bias, imprecision of the effect size and poor methodological quality.
- Studies did not report that any patients were harmed.

Key Question 1 Results for Dementia- *Intervention compared to usual care/waitlist*

Symptom management:

- 11/19 studies assessed symptom management or control
- 5 showed significant improvements compared to usual care or wait list control conditions.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Gitlin, 2001	Family assisted approaches to patient care	Usual care	poor	4
Gitlin, 2008	Family assisted approaches to patient care	Wait list	good	4
Gitlin 2010	Adapted CBT	Usual care	fair	4
McCallion,1999	Unique intervention	Usual care	fair	4
Robison	Unique intervention	Usual care	poor	4

Key Question 1 Results for Dementia- *Intervention compared to usual care/waitlist*

Depression:

- 5/19 studies that assessed depression or anxiety
- 4 showed significant improvements over control conditions.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Teri, 1997	Adapted CBT	1) Usual care 2) Wait list	fair	4
Logsdon, 2010	Unique	Wait list	poor	4
McCallion, 1999	Unique intervention	Usual care	fair	4
Teri, 2003	Unique	Usual care	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 = Possibly Efficacious (1 study)

Key Question 1 Results for Dementia- *Intervention compared to usual care/waitlist*

Quality of life/overall functioning:

- 4/19 trials assessed patient quality of life
- 2 showed significant improvements over control conditions.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Teri, 2005	Family assisted approaches to patient care	Usual care	fair	4
Logsdon, 2010	Unique	Wait list	poor	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results for Dementia- *Intervention compared to usual care/waitlist*

Physical functioning:

- 8/19 trials assessed
- 2 showed significant improvements.
- Overall high risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Gitlin, 2001	Family assisted approaches to patient care	Usual care	poor	4
Teri, 2003	Unique	Usual care	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results for Dementia-*Intervention compared to usual care/waitlist*

Cognitive functioning:

- 5/19 trials assessed
- 2 showed significant improvements.
- Overall high risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Teri, 2005	Family assisted approaches to patient care	Usual care	fair	4
Teri, 1997	Adapted CBT	1) Usual care 2) Wait list	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 1 Results for Dementia-*Intervention compared to usual care/waitlist*

Health care utilization:

- 6/19 trials assessed
- 1 showed significant reductions in institutionalization
- Overall high risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Mittelman	Adapted CBT	Usual care	good	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 2 Results-Dementia

Intervention compared to another intervention

14 dementia trials

4/14 showed a significant difference in outcome

Included patients with:

Dementia/Alzheimer's disease

Compared family-involved interventions to:

Another family intervention (n=12)

- 9/12 included an attention control condition

A patient intervention (n=1)

Sample sizes:

Range (36-518 dyads), median of 97/trial

Quality:

Poor (n=6)

Fair (n=5)

Good (n=3)

Key Question 2 Results-Dementia

Intervention compared to another intervention

Summary of findings:

- Studies comparing a caregiver-involved intervention to an attention control condition showed few improvements on outcomes.
- Evidence is not strong enough to suggest that interventions beyond providing education and minimal support to caregivers are beneficial to patients.
- Data were insufficient to suggest that one type of intervention is superior to another at improving patient outcomes.
- Significant trials were “possibly efficacious and specific” (1 study, not replicated).
- Strength of evidence for intervention effectiveness was low for all outcomes, due to moderate risk of bias, imprecision of the effect size and poor methodological quality.
- No study reported poorer outcomes among patients or family members.

Key Question 2 Results-Dementia

Intervention compared to another intervention

Symptom management:

- **12/14 studies assessed symptom management or control**
- **2 showed significant improvements compared control conditions.**
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Bourgeois, 2002	Family assisted approaches to patient care	1) Attention control 2) Self-care	good	3
Jirovec, 2001	Unique	Attention control	poor	3

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 2 Results-Dementia

Intervention compared to another intervention

Depression:

- 2/14 studies that assessed depression or anxiety
- None showed significant improvements
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Key Question 2 Results-Dementia

Intervention compared to another intervention

Quality of life:

- 2/14 trials assessed patient quality of life
- 1 showed significant improvements over control condition post-intervention.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Belle, 2006	Adapted CBT	Attention control	fair	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 2 Results-Dementia

Intervention compared to another intervention

Physical functioning:

- 5/14 trials assessed patient quality of life
- 1 showed significant improvements over control condition post-intervention.
- Overall moderate risk of bias and low confidence evidence reflects true effect.

Author	Intervention	Comparator	Quality	Efficacy
Gitlin, 2010	Adapted CBT	Telephone support and education	good	4

1 = Efficacious & Specific; 2 = Efficacious; 3 = Possibly Efficacious & Specific (1 study); 4 =Possibly Efficacious (1 study)

Key Question 2 Results-Dementia

Intervention compared to another intervention

Cognitive functioning:

- 6/14 trials assessed
- None showed significant improvements.

Health care utilization:

- 1/14 trials assessed utilization
- Did not show a reduction in institutionalization

Limitations

Studies published since 1996

- Earlier studies may yield different findings

Studies conducted in the US

- Additional work exists outside the US, but applicability of these trials to US Veterans unknown

Only RCTs

- Numerous observational studies and family interventions in various stages of development and evaluation

Only patient outcomes of interest

- Caregiver outcomes are important and possibly difficult to disentangle from patient outcomes

Conclusions

Limitations among Trials Reviewed

Study quality:

- Fair to poor quality
- Moderate risk of bias
- Low confidence that evidence reflects true effect.
 - Poor reporting of randomization methods
 - Insufficient reports of harms, final outcomes, post-intervention change
 - Improvements over time, but not always between intervention and control groups

Summary of findings:

- Tailored interventions targeting specific problems/behaviors may have limited effect compared to usual care/wait list or education only.
- Targeted interventions to distressed families/patients may be effective at improving outcomes.
- No one trial was found to be efficacious or efficacious and specific
- Insufficient data existed to examine effect of moderators (stage of disease, relationship with patient, relationship quality) on outcomes
- Insufficient data reported for many outcomes
- Methodological limitations to many studies
- Clinical vs. statistical significance rarely reported

Steps forward

- Promote higher quality research
 - intervention allocation concealment and blinding most important
- Promote more consistency across studies
 - measures, intervention dose, follow up
- Replication of studies needed
- Measure and assess clinically relevant outcomes and determine evaluate clinically meaningful changes
- Stronger link between caregiver and care recipient outcomes needed
- Targeting sub-groups at risk may be more effective approach than targeting broader populations of caregivers.
- Research specific to benefits available to caregivers of Veterans

Evidence-based Synthesis Program (ESP)

Questions?

If you have further questions,
feel free to contact:

Joan Griffin, PhD
612-467-4232
Joan.Griffin@va.gov

The full report and cyberseminar presentation is available on the ESP website:

<http://www.hsrd.research.va.gov/publications/esp/>